

Duhring (L.A.)

Reprinted from  
The American Journal of the Medical Sciences, for March, 1892.

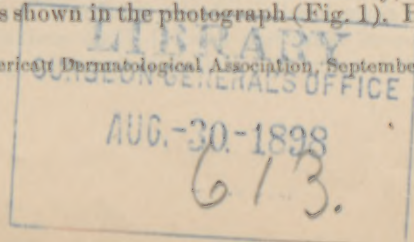
## NOTES OF A VISIT TO THE LEPER HOSPITAL AT SAN REMO, ITALY.<sup>1</sup>

BY LOUIS A. DUHRING, M.D.,  
PROFESSOR OF SKIN DISEASES, UNIVERSITY OF PENNSYLVANIA.

FROM time to time during my professional life I had heard from various sources of the leper asylum at San Remo. On the occasion of my last visit abroad, while stopping at this town for a few days, I was pleased to avail myself of the opportunity of inspecting the institution. A few brief memoranda were made at the time, which I now present to this Association. San Remo, as everyone knows, is one of the most attractive towns and winter-resorts of the famous Riviera. It is built upon a series of steep hills which rise abruptly from the Mediterranean. At the back of the town, upon the summit of a lofty hill, at an elevation of four or five hundred feet above the sea, stands the hospital, which is officially designated "Spedale Civico Mauriziano di San Remo." It is under the care of Dr. Luigi Peracca, medical director, to whose courtesy I am indebted for the information obtained concerning the institution and for the histories of the cases. The building is old, and would hardly be brought forward as a model hospital. It was somewhat of a surprise to find the so-called "leper hospital," as I had always heard the institution spoken of, in reality only a ward in the general hospital set apart for lepers, which apartment adjoined and communicated with the ward for general diseases, the lepers, therefore, not being strictly segregated. There were only few cases of leprosy in the hospital—two men and two women. Upon remarking at the small number of cases, Dr. Peracca stated that but few new cases of late had been admitted, and that latterly some of the older patients had died. The admission of lepers to the hospital is not obtained without difficulty, it being necessary first to procure a permit from the Minister of the Interior at Rome. Such preliminary proceedings being required, doubtless many cases of the disease are permitted to escape and to run at large throughout the kingdom. I had the opportunity of carefully examining the cases referred to, and made at the time the following notes:

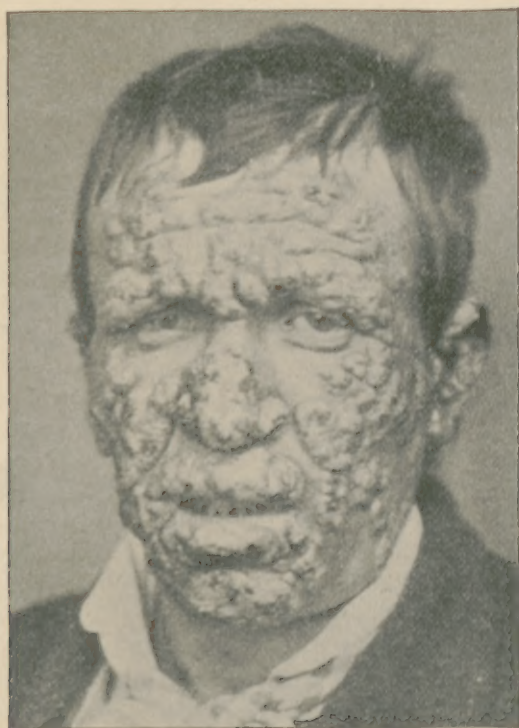
CASE I.—Giovanni Elleno, a man, aged twenty-seven, but looks ten or fifteen years older. The disease is of the tubercular variety, and is chiefly developed on the face, as shown in the photograph (Fig. 1). He is a native

<sup>1</sup> Read before the American Dermatological Association, September, 1891.



of Diana Marina, a town a few miles from San Remo, and has been affected with the disease for five years. The whole of the face, including the lips and ears, is extensively invaded. The hands, forearms, elbows, and feet are also involved. Some of the lesions are superficially ulcerated and are covered with blackish crusts, especially on the lips. The first symptoms manifested themselves five years ago, during a four years' sojourn in Marseilles. He is not able to give any history or to suggest any probable or possible cause of contagion. His parents and family have always been healthy. Notwithstanding the ravages of the disease upon the skin, he still remains hearty and strong, and possesses fine muscular development. All treatment has proved unavailing.

FIG. 1.



CASE II.—Giovanni Borgagno, thirty-three years of age, a native of Perinaldo, near San Remo. One can scarcely believe the man to be so old, for he does not look more than twenty. The disease first appeared seven years ago, and (as in the case of Elleno) began during a five years' sojourn in Marseilles. There is no special history, and the man's parents and family are healthy. The disease is of the mixed variety. He is spare, thin, and ill-nourished, and the skin generally is dry and shrivelled, and in some localities looks ichthyotic. The face is not affected. On the forearm there are several dime and quarter dollar sized, ill-defined, reddish macules, and on both knees irregularly shaped, flattened,

tubercular infiltrations. On the ball of the great toe of the right foot there exists a circumscribed reddish, brownish ulcer, the size of a quarter dollar, with a central deep cavity with some destruction of bone. The fingers are crooked and atrophied, with the skin drawn tightly over them. In the palms are irregularly shaped, ill-defined macules, the skin being harsh and even rough. The face and the rest of the general surface are free. The manifestations, taken together, are more macular than tubercular.

CASE III.—Giovanno Biancheria, aged twenty-two, a native of Castel Vittorio, near San Remo. She, like Elleno, looks much older than is the case, and would be taken for forty-five rather than twenty-two. She

FIG. 2.



has been affected for five years. The disease began while she was residing in Lyons, France. Both eyes are undergoing ulcerative destruction, the tongue is ulcerated, and the lips are crusted. (See Fig. 2.) The hands and feet show the tubercular or nodular variety.

CASE IV.—Letitia Bermondi, aged forty-two, but looks older. She is a native of Montaldo, in Liguria. The disease is of the macular and atrophic variety. The skin everywhere is pale, yellowish, and dry. Her stature is small and the body dwarfish, ill-nourished, and looks mummified. There is almost complete loss of toes and fingers, the result of absorption, without ulceration. The early history is meagre.

In looking over these few cases it is striking that three out of four should have first manifested the disease after a prolonged stay in France, and two of them in one city, Marseilles. All of them developed apparently *de novo*, and without known cause. The parents and family in all cases were reported healthy, and there is no account of supposed contagion from contact with other lepers. As to treatment, there is nothing special to be said, beyond mentioning the fact that varied external and internal remedies, such as are known to all, had been employed in vain from time to time.